

The State of Women Veterans' Health Research: Results of a Systematic Literature Review

Evidence Tables

Table 4d. Evidence Table of Psychiatric: <i>Sexual harassment, sexual abuse, sexual assault</i>						
Author	Women veteran specific?	Sample characteristics	Sample size [N]	Design	Main measures	Description
Hankin, 1999 (39)	Yes	National sample of women veterans using VA outpatient services between 7/94 and 7/95 (<i>same sample and study as (138)</i>)	3632	Observ. Study- Assess risk or prognosis	History of sexual assault while in the military; current symptoms of depression and alcohol abuse	23% reported a history of sexual assault while in the military and prevalence of current depression was 3 times higher and for current alcohol abuse 2 times higher among those reporting military sexual assault versus those without this experience.
Butterfield, 1998 (40)	Yes	Sample of women using the women's health clinic at the Durham VAMC from 7/94-6/97	632 consecutive women	Descriptive Study	Trauma history including childhood sexual trauma, rape and battering; mental disorder symptoms	40% of the sample had at least one type of trauma and half had multiple traumas. 33% of rapes and 22% of battering occurred during military service. Increasing levels of trauma were associated with a higher prevalence of all mental disorder symptoms.
Davis, 1999 (41)	Yes	Sample of female veterans participating in outpatient PTSD and/or substance abuse treatment at one VAMC	28 women	Descriptive Study	Demographic information including age, ethnicity, sexual orientation, military service, past psychiatric/substance treatment, years since assault; General Severity Index of the Brief Symptom Index; Alcohol screening (AUDIT); the Life Stressor Checklist; health status	Most of women included in study had been sexually abused with 63% meeting criteria for PTSD. 89% of women who had abused substances also reported a history of sexual abuse. Most of the sexual abuse occurred during military service.

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Read, 1997 (44)	Yes	Sample of women veterans and service-eligible non-veterans from 2 outpatient women's health clinics between 10/94 and 11/95	100 veterans; 8 non-veterans	Observ. Study – Assess risk and prognosis	Women Veterans' Demographic Inventory – demographic variables, mental health care, medical complaints; Women Veterans Trauma Screen – lifetime traumatic events and whether occurred in military; Lifestyle Questionnaire – substance use, eating, stress and coping	69% of the sample reported some traumatic event with 33% reporting sexual assault. 1/3 of these victims were assaulted in the military. Women with substance use symptoms, eating disturbance symptoms, and more general stress had higher rates of lifetime trauma.
DeRoma, 2003 (45)	Yes	Sample of women veterans schedule in the gyn clinic at the Biloxi VAMC, 1994	336 women	All Other Observational	Patient demographics, perceived social support, perceived stress, depression, anxiety, history of childhood abuse, history of military or civilian sexual harassment or assault; Impact of Events Scale	75% of the sample had experienced some form of sexual harassment and 38% had experienced rape during their lifetime. 42% had been victims of childhood sexual abuse. Those who had experienced military or civilian and military rape had lower scores for perceived social support, and higher depression and anxiety ratings.

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Chang, 2001 (47)	Yes	Random sample of women receiving outpatient care at VA facilities from 7/94 – 7/95	3543 women veterans	Observ. Study – Assess risk and prognosis	Military sexual assault history, religiosity, mental health status and current depressive symptoms, social support scale	23% of the sample reported experiencing military sexual assault. Among those with a history of military sexual assault, those who attend religious services more often have better mental health and are less likely to endorse depressive symptoms.
Butterfield, 1996 (93)	Yes	Convenience sample of women veterans visiting the women's health center at the Durham VA Medical Center between 7/1/94 and 12/30/95	500 women veterans	Observ. Study – Assess risk and prognosis	PRIME-MD-PQ – screen for mental disorders; trauma questionnaire	Evaluated the prevalence and relationship of mental disorder symptoms and trauma history. 37% of subjects endorsed symptoms of depression and 55.8% symptoms of anxiety. 41% reported at least one trauma experience. In regression analysis, women with any history of trauma were significantly more likely than women without trauma to endorse symptoms of depression, anxiety or panic disorder. Rape and battering were associated with alcohol abuse symptoms.

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Stein, 2004 (84)	Yes	Sample of women seen in the VA San Diego Healthcare System primary care clinic in 1998	221 women veterans	Observ. Study – Assess risk and prognosis	Traumatic exposure; somatization measures; health anxiety and illness attitudes	Evaluated the association between sexual assault history and measures of somatic symptoms and illness attitudes. 44.3% of the subjects reported experiencing sexual assault. Regression analyses demonstrated a significant difference in physical symptoms between women with and without a history of sexual assault and women with a history of sexual assault were more bothered by 9 of 10 symptoms. Their somatization scores were also significantly higher as were their health anxiety. Both somatization and anxiety were predictors of sick days and healthcare use.
Suris, 2004 (55)	Yes	Women veterans using a medical and/or mental health clinic in the VA North Texas Health Care System, interviewed between 1997 and 2000	270 women veterans	Observ. Study – Assess risk and prognosis	Sexual harassment, sexual assault experiences; PTSD symptoms, utilization of VA care, health care costs	Evaluates the impact of military, civilian adult and childhood sexual assault on the likelihood of developing PTSD; and the association of military sexual assault to service utilization and health care costs. Women with a history of sexual assault were 5 times more likely to have PTSD and military sexual assault was associated with a >9-times increased risk of PTSD. A history of sexual assault was associated with higher utilization and cost of care, but this was primarily because of higher utilization by women with histories of civilian sexual trauma.